



**Membership Application Form
April 2019 – March 2020**

Personal Details

Name		
Address		
Postcode		
Date of Birth		
Mobile Number		
E-mail		
Emergency Contact Name		
Emergency Contact Number		
Do you have any medical conditions that you think Broseley Joggers should be aware of? If yes, please give details of medical conditions and medications that you need to carry:	Yes / No	
What is your motivation or goal for joining the club?		
Do you belong to another Running club? If yes, please state name of the club	Yes / No	
Enclosed is a voluntary contribution of	£	

Declaration

I agree to abide by the Club rules and to promote and support the organisation of club races and other activities (a copy can be found at <http://www.broseleyjoggers.org>).

I confirm that I understand that participation is entirely at my own risk and I should consult with my own doctor if suffering from any condition that might make running injurious to my health.

I acknowledge that the club bears no responsibility for accident, illness, loss or damage as a result of my membership.

Signed		Dated	
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Please return completed form to a committee member as soon as possible, or email it to broseleyjoggers@hotmail.com

To be completed by committee member

Welcome information given	
Approved & Accepted	
Added to email distribution list	
Voluntary contribution received by:	